

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212553451</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>LOCKHEED MARTIN CORPORATION PROPERTIES, INC.(USED IN VA BY: LMC PROPERTIES, INC.)</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>Bank of America Center, 16th Floor</b>  <b>1111 East Main Street</b>   <b>RICHMOND, VA 23219</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>MD</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>12/31/2012</b></p> <p>SCC ID NO: <b>F1652561</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000	
CLASS	AUTHORIZED						
COMMON	1,000						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 100 S CHARLES ST SUITE 1400</p> <p style="margin-left: 40px;">CITY/ST/ZIP: BALTIMORE, MD 21201</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: THERESA B SHEA  TITLE: VP/GC  ADDRESS: 100 S CHARLES ST  CITY/ST/ZIP/CO: SUITE 1400  BALTIMORE, MD 21201 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: THERESA B SHEA TITLE: VP/GC ADDRESS: 100 S CHARLES ST CITY/ST/ZIP/CO: SUITE 1400 BALTIMORE, MD 21201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: THERESA B SHEA TITLE: VP/GC ADDRESS: 100 S CHARLES ST CITY/ST/ZIP/CO: SUITE 1400 BALTIMORE, MD 21201	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOSEPH DAY  TITLE: VICE PRESIDENT  ADDRESS: 100 S CHARLES ST SUITE 1400  CITY/ST/ZIP/CO: BALTIMORE, MD 21201 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JOSEPH DAY TITLE: VICE PRESIDENT ADDRESS: 100 S CHARLES ST SUITE 1400 CITY/ST/ZIP/CO: BALTIMORE, MD 21201	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JOSEPH DAY TITLE: VICE PRESIDENT ADDRESS: 100 S CHARLES ST SUITE 1400 CITY/ST/ZIP/CO: BALTIMORE, MD 21201	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: GEOFFREY TROAN  TITLE: VICE PRESIDENT  ADDRESS: 477 WATER STREET  CITY/ST/ZIP/CO: CELEBRATION, FL 34747 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: GEOFFREY TROAN TITLE: VICE PRESIDENT ADDRESS: 477 WATER STREET CITY/ST/ZIP/CO: CELEBRATION, FL 34747	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: GEOFFREY TROAN TITLE: VICE PRESIDENT ADDRESS: 477 WATER STREET CITY/ST/ZIP/CO: CELEBRATION, FL 34747	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: SUSAN YAN  TITLE: ASS/SEC OFF  ADDRESS: 100 S CHARLES ST  CITY/ST/ZIP/CO: BALTIMORE, MD 21201 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: SUSAN YAN TITLE: ASS/SEC OFF ADDRESS: 100 S CHARLES ST CITY/ST/ZIP/CO: BALTIMORE, MD 21201	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: SUSAN YAN TITLE: ASS/SEC OFF ADDRESS: 100 S CHARLES ST CITY/ST/ZIP/CO: BALTIMORE, MD 21201	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JOHN BIRDWELL  TITLE: ASST SECRETARY  ADDRESS: PO BOX 748  CITY/ST/ZIP/CO: FORT WORTH, TX 76101 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JOHN BIRDWELL TITLE: ASST SECRETARY ADDRESS: PO BOX 748 CITY/ST/ZIP/CO: FORT WORTH, TX 76101	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JOHN BIRDWELL TITLE: ASST SECRETARY ADDRESS: PO BOX 748 CITY/ST/ZIP/CO: FORT WORTH, TX 76101	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARITZA CORDERO  TITLE: ASST SECRETARY  ADDRESS: 6801 ROCKLEDGE DRIVE  CITY/ST/ZIP/CO: BETHESDA, MD 20817 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MARITZA CORDERO TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DRIVE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: MARITZA CORDERO TITLE: ASST SECRETARY ADDRESS: 6801 ROCKLEDGE DRIVE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH R POSSEARIDE TREASURER 100 S CHALKMINET SUITE 1400 BALTIMORE, MD 21201	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH R POSSENREIDE CHM/T 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COLE GLENN E. ASST TREASURER 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A HEYWOOD ASST TREASURER 6801 ROCKLEDGE DRIVE ROCKVILLE, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD P MARTIN ASST TREASURER 6801 ROCKLEDGE DRIVE BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENA H WHITNEY ASST TREASURER 6801 ROCKLEDGE DR BETHESDA, MD 20817	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark L Kapelanczyk ASST SECRETARY 100 S. Charles St., Suite 1400 Baltimore, MD 21201	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ THERESA B SHEA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THERESA B SHEA, VP/GC PRINTED NAME AND CORPORATE TITLE	1/29/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			